CHECK ONE:		1 OKW	OF	
☐ This is an initial* Statement of Organization		DR-1	ORGANIZATION	
This is an amended* Statement of Organization	Reset Form	(Rev. 10/2009)	Inh	
* Statement must be filed within 10 days of committee accepting contribution	s, making expenditures. or	For Office Use (13998	
incurring debts exceeding \$750. Amendments must be filed within 30 days of a change.				
Effective January 1, 2010, all statements and reports filed by new committee		Audited		
electronically and effective January 1, 2012, all statements and reports filed through the must be filed electronically.	by all committees for state office	Computer		
Effective May 1, 2010, all statements and reports for State PACs and State F	Parties must be filed electronically.			
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the		the committee.) If a	mending committee name.	
put old name in ().		,,		
			5	
JIM THROGMORTON FOR CITY C	OUNCIL			
IMPORTANT: Indicate type of committee you are reporting for:			N	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2)	Statewide PAC (3)State Party (4)	County Central Co	mmitte&	
	(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (40) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC			
(10) School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee involved in multiple city/county ballot issues)				
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	story except for a c	andidates committee)	
DON 2- KINNER	Jim I had	gmonton	<u> </u>	
Mailing Address + 415 N 7 TH XVE	Name Jim Thace Mailing Address 114 N	1. LIND St.	A t A	
City, State ↓ ↓ Zip Code ↓ ↓	City, State 1 Zip Code 1 TOWA 52245			
TOWA CITY TOWA STEATS				
Name $\downarrow \downarrow$ DON J. RINNER Mailing Address $\downarrow \downarrow$ 415 N 7 FH X VE City, State $\downarrow \downarrow$ Zip Code $\downarrow \downarrow$ FX 52245 Phone (3/9 351- P7 SP	Phone (319) 338 (2880		
e-Mail DJKINNER @ FAHOU- COM e-Mail of throg mo & yahoo. com				
INDICATE PURPOSE OF COMMITTEE - Check One Box Advocate for/against candidate(s) Advocate for ballot issue(s) Comment or description: Advocate for/against candidate(s) Advocate for ballot issue(s)				
All Count John Francisco	County/Local Candidates a			
Office Sought: Iowa (17) Council				
County: JOHASON				
Political Party (if applicable) (If active in multiple ballot issue elections, attach list of counties				
District: Date of Election:				
Year Standing for Election: 2011				
Bank Account Name (must match committee name)	Candidate name & Address or P	arent Entity (PACs.	if applicable).	
	1 ' '	ffiliate, or Sponsor		
JIM THROGMORTOW FOR CITY COULL Name of Financial Institution/type of Account	JAMES A	THAOLMOY	TON	
Mailing Address + +	714 N. LINU City + +	APT. A		
Mailing Address ↓ ↓	City J J	State 1 1	Zin J. J.	
204 F WKW 15-20 ST	Only V V	Otale V		
20+ C. WAJAW 610% 3	1 TOWA CITY	エペ	524 45 -1936	
$\frac{204}{\text{City}} \stackrel{\text{E. WAIHINGTON}}{\downarrow} ST.$ $\frac{\text{State}}{\downarrow} \stackrel{\text{I}}{\downarrow} Zip \stackrel{\text{I}}{\downarrow} \downarrow$	Phone (319) 338 08	780		
City \downarrow State \downarrow Zip \downarrow \downarrow JOWA C154 \downarrow 52240	I CWA CITY Phone (319) 338 08	rso uahoo d	e om	
• · · · · · · · · · · · · · · · · · · ·	Phone (311) 338 08 e-Mail jth 20 9 00 0	rso yahoo.	- om	
• · · · · · · · · · · · · · · · · · · ·	e-Mail jthrogmo o	yahoo.	: om	
JOWA CITY THE 52240 STATEMENT OF AFFIRMATION: By filing this document the committee affirm	e-Mail jthrogmo o	yahoo.	C OM	
JOWA C154 JA 52240	e-Mail jthrogmo o	yahoo.	C OM	
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FORM

STATEMENT

FOR INSTRUCTIONS, SEE BACK OF FORM